

ENVIRONMENTAL PROTECTION AGENCY

FACILITY ANNUAL HAZARDOUS WASTE REPORT

This report is for the calendar year ending December 31, 1981.



R00105697
RCRA RECORDS CENTER

GENERAL INSTRUCTIONS: If you received a preprinted label attached to the mailing envelope in which this form was enclosed, affix it in the space provided. If any of the information on the label is incorrect, draw a line through it and provide the correct information in the appropriate section below. If the information is correct and complete, leave Sections I, II, and III below blank. If you did not receive a preprinted label, complete all sections. REFER TO THE SPECIFIC INSTRUCTIONS CONTAINED IN THIS BOOKLET BEFORE COMPLETING THIS FORM. The information requested in this report is required by law (Section 3004 of the Resource Conservation Recovery Act).

Please print/type with elite type (12 characters per inch)

I. FACILITY EPA I.D. NUMBER

F M O D 0 0 4 9 5 4 1 1 1 1
1 2 13 14 15

II. NAME OF FACILITY

M O N S A N T O C O J F Q U E E N Y P L A N T
30 69

III. FACILITY MAILING ADDRESS

3 1 7 0 0 S O U T H S E C O N D S T R E E T
15 16 45

Street or P.O. Box

4 S T L O U I S M O 6 3 1 7 7
15 16 41 42 47 51

City or Town

State Zip Code

IV. LOCATION OF FACILITY (if different than section III above)

5
15 16 45

Street or Route number

6
15 16 41 42 47 51

City or Town

State Zip Code

V. FACILITY CONTACT

2 K O E N I G R I C H A R D
15 16 45

Name (last and first)

VI. COST ESTIMATES FOR FACILITIES

3 1 4 - 6 2 2 - 1 4 0 0
46 55

Phone No. (area code & no.)

\$ 4 1 4 , 0 0 0 \$ N A
16 19 22 25 28 31

Cost Estimate for Facility Closure

Cost Estimate for Post Closure Monitoring and Maintenance (disposal facilities only)

VII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NEIL E. PRANGE ENV. PROT. SUPV. Neil E. Prange 1-5-83
Print/Type Name Title Signature of Authorized Representative Date Signed

Facility Annual Hazardous Waste Report (cont.)

This report is for the calendar year ending December 31, 1981.

VIII. FACILITY'S EPA I.D. NO.

T/A C

F	M	O	D	O	O	4	9	5	4	1	1	1	1	1	1
1	2									13	14	15			

Date received: _____

Received by: _____

IX. GENERATOR'S EPA I.D. NO.

G															
16															28

X. GENERATOR NAME (specify generator from whom all wastes on this page were received)

ON-SITE

XI. GENERATOR ADDRESS

XII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)								C. Handling Method	D. Amount of Waste								E. Unit of Measure
	1	Liquid by products from the manufacturing of chloroacetyl chloride	0	0	0	6														
29	32		33		36	37			40											
			41		44	45			48											
	2																			
	3																			
	4																			
	5																			
	6																			
	7																			
	8																			
	9																			
	10																			
	11																			
	12																			

XIII. COMMENTS (enter information by section number—see instructions)